MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/597*57/* APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)

NY ATRIC

CLAIMS														
	AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT				AS FILED		AFTER I"AMENDMENT		AFTER 2 MAMENDMENT	
1	IND.	DEP.	IND.	DEP.	IND.	DEP.]		IND.	DEP.	IND.	DEP.	IND.	DEP.
2		,	-					51						
3		i						52 53				ļ		
4		1 /					j	54			·			
5] .	55				 		
7			0					56						
8								57 58						
9		1					ĺ	59				 		
10	-	1						60						
11	1			·i				61						
13								62						
14								63						
15	4							65						
16 17	- 							66						
18	1					-		67						
19								68 69				· · · · · ·		
20								70						
21 22	 							71						
23	 				[72						
24						·		73 74						
25								75						
26							1	76						
27 28	 							77						
29								78 79						
30								80						
31							l	81						
32 33	 -						ä	82						
34								83						
35			<u> </u>				ł	84 85		· .				
36							Ì	86						
37 38	 							87						
39							ŀ	88						
40					- 		ŀ	90						
41							ľ	91						
42	 -							92						
44	 -						.	93						
45							1	94 95						
46							ŀ	96		 			 -	
47								97						
49	 -						ļ	98						
50							1	99						
TOTAL IND.	3	1		1			-	100 TOTAL						
TOTAL DEP.	9	<u> </u>				_	-	IND. TOTAL		_		*		*
TOTAL CLAIMS	12						-	DEP. TOTAL		T		7		T
	(REV. 11/04)	205991269934					L	CLAIMS -	U.	S, DEPARTA	TENT of CO	MMERCE		
							`		Pa	tent and Tra-	demark Offic	e		